EXHIBIT C

Current Course	Duc			Maria		
UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada		PROOF OF CLAIM
Name of Debtor		Number	r			
USA COMMERCIAL MORTERGE COMM	1	06		1072	5-LBR	
NOTE. This form should not be used to make a claim for an admini		ense ar	ısıng	after the c	ommencement	
of the case. A request for payment of an administrative expense ma						
	Cha	ala bass	×6 ×10	NI OTO ONITO	that anyone	
Name of Creditor (The person or other entity to whom the debtor owes money or property)					that anyone im relating to	
DANIEL D. NEWMAN, TRUSTEE	you	claım	Att	ach copy o		
PANIEL D. NEWMAN FRUST DATED 11/1/92	~ ~	ng parti				
Name and address where notices should be sent					er received any by court in this	
DAWIEL D. NEWMAN	case			o oaim apro	,	
125 ELYSIAN DRIVE SEDOMA AZ 86336)				ffers from the	
5 F Down A-2 86336 Telephone number 928 282 5466		CSS OII	tii¢ t	envelope se	nt to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	ck here		replaces		
identifies debtor	ıf th	ıs claın	ո	amends	a previously fi	led claim dated
1 Basis for Claim		П	Ren	ree benefit	s as defined in	11 USC § 1114(a)
Goods sold		Ħ	Was	es salanes	and compen	sation (fill out below)
Services performed		لــا	Lasi	four digits	of your SS#	
Money loaned			Unp	oard compe	nsation for se	vices performed
Personal injury/wrongful death			fron			
Taxes Other				(0	iate)	(date)
2 Date debt was incurred	3.	If co	ourt	judgment.	, date obtaine	d.
MARCH 1999						
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe y	our	claim and s	tate the amour	t of the claim at the time case filed
See reverse side for important explanations.				d Claim		
Unsecured Nonpriority Claim SLINE 4 OF EX A		N				The art and the Art
Check this box if a) there is no collateral or lien securing you	ar claim or	an	Ci ght d	heck this bo of setoff)	x if your claim	is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral						
	· · · · · · · · · · · · · · · · · · ·	1		Real Esta		Vehicle Other
Unsecured Priority Claim		l	_	2	ateral \$	اسا
Check this box if you have an unsecured claim all or part of entitled to priority	which is				-	
						arges at time case filed included in
Amount entitled to priority \$		<u> </u>			-	
Specify the priority of the claim		Up to	\$2.2	225* of dep	osits toward p	urchase, lease or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A)	or				ai, ramily of i	iousehold use - 11 U S C.
(a)(1)(B) Taxes or penalties owed to governmental units - 11 U S C. § 507(a)(8)						
Wages salaries or commissions (up to \$10,000) * earned within 180 FT						
days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
Contributions to an employee benefit plan - 11 USC § 507(or after the date of adjustment
		(A) /	i je	VA 181	LEVA	LNYEXA
5 Total Amount of Claim at Time Case Filed.	5	(unso			Secured)	(prionty) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges						
	n one decid		4	ad Sc. st		
6 Credits. The amount of all payments on this claim has been making this proof of claim	n creatted a	anu dec	auct	to for the p	urpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents. Attach contas of supporting decuments, such as promissory notes purchase						
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security [1] [1] JAN 1 1 2007						
agreements and evidence of perfection of lien DO NOT SEI	VD ORIGI	NAL E	OOC	UMENTS		
documents are not available explain. If the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-						
Date Sign and print the name and wile if any, of	the made-	T OT 241	he	Marcon cont.	omzad to	
file this claim (attach copy of power of atto	omey if an	y) veroei	HET [ALISON AUTO	UNIZCU (O	
2007 Vaniel Viham		,				
DANIEL O NEWMAN	, TRU	ste	Z	-	,	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonii	nent for	r up	to 5 years	or both 18	

Name of Debtor USA Commercial Mortgage Company OSE-Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse for Lipid of Debtors and Cases Nambus UST Size Reverse may be feed of public to the Size Size Size Size Size Size Size Siz	Case 06-10725-dwz Doc 9074	-3 Entered 09/15/11 16:0)6:14 Page 3 of 11			
NOTE: See Revenes for List of Debton and Case Numbers This form should not be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to make a claim for an administrative expense away head to be used to be	. UNITED STATES BANKRUPTCY COURT	C Entered Cortorial ac.	YOUR CLAIM IS SCHEDULED AS			
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The born should not be used to make a claim for an administrative expense annual gate for born exement of the case. A Project for payment of administrative operate may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address and the state of the claim of the control of t	USA Commercial Mortgage Company	06-10725-LBH	\$12 951 80 Unsecured			
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor Second	This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address DAVIS FAMILY TRUST C/O JOSEPH DAVIS & MARION SHARP CO-TRUSTEES 3100 ASHBY AVE	aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box it you have never received any notices from the bankruptcy court or BMC Group in this case.	scheduled by the Debtor or pursuant to a filed claim if you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below if the amounts shown above are listed as Continge Unliquidated or Disputed, a proof of claim must be filed			
Last four digits of account or other number by which creditor identifies debtor Check here replaces a prevously filed claim dated It has been credited and filed Check here replaces a prevously filed claim dated Check here replaces a prevously filed claim replaces check replaces repla		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again			
BASIS FOR CLAIM			THIS SPACE IS FOR COURT USE ONLY			
Goods sold Personal injury/wrongful death Taxes Under Class performed Taxes Under Classification (date) Taxes Under Classification (date) Taxes Under Classification (date) (date) Under Classification (date) (date) Under Classification (date) (date) (date) Under Classification (date) (date) (date) Under Classification (date) (date) (date) (date) (date) (date) Under Classification (date) (date	72 2 3997	Check here U replan	a previously filed claim dated			
Goods sold	1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U.S.	C § 1114(a) Unremitted principal			
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Total amount of claim (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CHEDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous attach a summary. B DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim enclose a stamped self addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attri USACM Claims Docketing Center P O Box 911 EI Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the creditor or other person authonized to file this claim (attach copy of power of attomey if any) I SIGN and print the name and title if any of the creditor or other person authonized to file	lp-s	Other Specify applicable para	agraph of 11 U S C § 507(a) ()			
S TOTAL AMOUNT OF CLAIM \$ 750,000.00 \$ 750,0	Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)					
AT TIME CASE FILED (unsecured) (secured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary. 8 DATE-STAMPED COPY. To receive an acknowledgment of the filling of your claim enclose a stamped self addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group	5 TOTAL AMOUNT OF CLAIM \$ 750.000.00 \$					
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El Segundo, CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authonzed to file this claim (attach copy of power of attorney if any)	•	TISA CIMIC				
this claim (attach copy of power of attorney if any)	Lance to the second sec					
	DATE SIGN and print the name and title if any of the	e creditor or other person authorized to file	1072502334			
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Case 06-10/25-gwz Doc 90/4-3 E	<u>.ntered 09/15/11 16:06</u>	:14 Page 4 of 11
UNITED STATES BANKRUPTCY COURT PR DISTRICT OF NEVADA	ROOF OF CLAIM	
Name of Debtor Case I	Number	
USA COMMERCIAL MTG CO 06	10725 (LBR)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	
DONALD E REDMON & JAYLYLE REDMON FAMILY TRUST DATED 10/31/95 C/O DONALD E REDMON & JAYLYLE REDMON TRUSTEES 51 SANLO LN MOUNTAIN HOME AR 72653-6333	BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT DNE OF THE DEBTORS If you have already filed a proof of claim with the
	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (910) 508 416 1 Last four digits of account or other number by which creditor identifies debtor	- 	THIS SPACE IS FOR COURT USE ONLY
	Check here replace or if this claim amends	a previously filed claim dateds
1 BASIS FOR CLAIM Retire Goods sold Personal injury/wrongful death	e benefits as defined in 11 U S C	· · · · · · · · · · · · · · · · · · ·
Services performed Taxes Last for	s salaries and compensation (fill our digits of your SS #	(not for loan balances)
Unpai	d compensation for services perfo	ormed from to(date)
2 DATE DEBT WAS INCURRED 3 IF	COURT JUDGMENT, DATE OB	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de	scribe your claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	III 	r claim is secured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of c	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral	Motor Vehicle
Amount entitled to priority \$		other charges at time case filed included in
Specify the priority of the claim Demostra support obligations under 11 U.S.C. & 507(a)(4)(A) at (a)(4)(B)	secured claim, if any \$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or	d purchase lease or rental of property or household use -11 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable parag	raph of 11 U S C § 507(a) () nent on 4/1/07 and every 3 years thereafter
A TOTAL MIGUINT OF OLANIE	with respect to cases commence	ed on or after the date of adjustment
	662.50 \$	\$ 161,662.50
(unsecured) Check this box if claim includes interest or other charges in addition to the principal charges in addition to the principal charges.	•	(priority) (Total)
6 CREDITS The amount of all payments on this claim has been credited an 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. running accounts contracts, court judgments mortgages security agreemed DOCUMENTS If the documents are not available explain. If the documents are not available explain.	such as promissory notes purch ents and evidence of perfection o	ase orders, invoices itemized statements of flien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing oppoof of claim	of your claim enclose a stamped	self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, preva for each person or entity (including individuals, partnerships, corpora governmental units)	iling Pacific time, on November	13, 2006 USE ONLY
BMC Group Attn USACM Claims Docketing Center Attn U	SACM Claims Docketing Center	
	ast Franklin Avenue undo CA 90245	
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of power of attorney if any of the creditor this claim (attach copy of the creditor this claim).		USA CMC
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up On al & E Redmon, Truste	the state of the s	amon, Trustee
- 5.12 - 1 11011 FUS 12	- , ,	1

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	PROOF OF CLAIM		
Name of Debtor	Case Nu	Case Number		
USA POMNERUAL MEECO.	06.	-1072(-LBR		
NOTE See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative e	осрепае	Check box if you are		
arising after the commencement of the case. A "request" for paymer administrative expense may be filed pursuant to 11 U.S.C. § 503.	nt of an	aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars		
WILLIAM DOWNEY		Check box if you have never received any notices		
1 3637 LARCH AVE SUME	3	from the bankruptcy court or BMC Group in this case	SECURED INTER	IS PROOF OF CLAIM FOR A IEST IN A BORROWER THAT IS NOT
SOUTH TAHOR, CA 9615		Check box if this address differs from the address on the envelope sent to you by the	•	FTORS. sady filed a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number 620 (44-3403		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	s debtor	Check here replace of this claim armen	ces ->ALL a previously	filled claim dated. 11/06
1 BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Daxes		salaries, and compensation (digits of your SS #	MI out below)	Other claims against service (not for loan belances)
Money loaned Other (describe briefly) SCR. TXHIRIT A		compensation for services pe	rformed from	to
2. DATE DEST WAS INCURRED 2.101/06	h is c	OURT JUDGMENT, DATE O	WTANER.	(date) (date)
4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes to				he time case filed
See reverse side for important explanations UNISECURED NONPRIORITY CLAIM \$ 4 BLURITA		SECURED CLAIM		
Check this box if a) there is no colleteral or lien securing your claim, or	b) your claim	Check this box if you a right of setoff)	our claim is secu	red by colleteral (including
exceeds the value of the property securing it, or if c) none or only part of entitled to priority	your claim is	Bnef description of	collateral	
UNBECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	5 UNK	NowN
Amount entitled to priority \$		Amount of arregrage as secured claim, if any		at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)) F	Up to \$2,225" of deposits town		or mainly of nonnetty or
Wages, salaries, or commissions (up to \$10,000)* serned within 180 da	سا ٠	services for personal, family, o	or household use -1	1 USC \$507(a)(7).
bufare filing of the bentruptcy petition or cessetion of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	F	Taxes or penalties owed to go Other - Specify applicable pen		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5).	_	* Amounts are subject to adju	elment on 4/1/07 ar	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ LS 4 BXLLIGHT AS	W41	with respect to cases commen	was on of Mar 100	\$ LN 4 GAUBIT PA
AT TIME CASE FILED (unsecured)		Recrised)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS' The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of numbing accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of item. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				
8. DATE-STAMPED COPY To receive an acknowledgment of proof of claim		•	•	l envelope and copy of this
		SACM CLAIMS DO		THIS SPACE FOR COURT USE ONLY
avenue To	20 11 A AME	L SEGUNDO, CA	_	
BY MAIL TO-	BANC 1330	GROUP GAST FDM KUL	Ave FILE	D JAN 1 6 2007
DATE SIGN and print the name and tile, if any, of				USA CMC
1-10-07 this chain (attach copy of power of at		_		

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. \$6 152 and 3571

	tered 03/13/11 10.0	0.14 Fage / 0/11		
AND THE PROPERTY OF ANY PROPER	OOF OF CLAIM			
	S-06-10725UBR			
Company and Affiliated Debtors are	(Related cases			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address Charles E Johnson Fanet P Johnson Joint Tenants with Right of 17 FRONT ST	Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A		
PALM COAST FL 32137-1453	BMC Group in this case Check box if this address	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the		
Creditor Telephone Number (386, 986, 1418	differs from the address on the envelope sent to you by the court	Bankruptcy Court or BMC, you do not need to file again THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replace	200		
2987	If this claim amen	ids Keserve the Right to Amend		
Goods sold Personal injun/wronaful death	benefits as defined in 11 U S			
Services performed Taxes Wages,	salaries, and compensation (r digits of your SS #	fill out below) Other claims against servicer (not for loan balances)		
Money loaned A Other (describe briefly) Unpaid Neyligence, Breach of Fiduciary Duty	compensation for services pe False Represent	rformed from atron Shibit B=100 LSH		
2 DATE DEBT WAS INCURRED 1/14/2003 4 Ongoing 3 IF C	OURT JUDGMENT, DATE C	BTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or bloxes that best desc See reverse side for important explanations		unt of the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM Check this box if vi	our claim is secured by collateral (including		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	a right of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of			
Check this box if you have an unsecured claim all or part of which is entitled to pnority	Z Real Estate Value of Collateral			
Amount entitled to priority \$	Amount of arrearage a	nd other charges at time case filed included in \$ Contingent		
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	ard purchase lease or rental of property or		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family of	or household use 11 U S C § 507(a)(7) evernmental units 11 U S C § 507(a)(8)		
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other - Specify applicable par	agraph of 11 U S C § 507(a) ()		
Contributions to an employee benefit plan. The ending section (c)	Amounts are subject to adju with respect to cases commer	stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment		
	(secured)	(pnonty) (Total)		
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6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary				
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim				
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporating overnmental units)	ng Pacific time, on Novemb	er 13, 2006 USE ONLY		
BY MAIL TO BY HAND BMC Group BMC Gr		CII do DEC 0 8 2006		
Attn USACM Claims Docketing Center Attn US P O Box 911 1330 Ea	ACM Claims Docketing Cente st Franklin Avenue ndo CA 90245	er FILED DECLARA COUR		
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	or other person authorized to file			
1210(0/2000) Clarini (attach copy of power of attorney if any	Orleans			

TOTAL STOCK OF THE PROPERTY OF STOCK	PRO	OF OF CLAIM	. 40.14 	JC 0 01 11
40.00				
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	06-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	nense	Check box if you are	-	
arising after the commencement of the case A "request" for payment		aware that anyone else has filed a proof of claim relating	IF YOU ARE ON	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
warne of Creditor and Address 1132124203622	0	_	OF CLAIM THIS	INCLUDES MONEY FROM THAT
JOYCE, DAVID		Check box if you have never received any notices	BORROWER HE	D IN THE COLLECTION ACCOUNT
7465 SILVER KING DRIVE SPARKS NV 89436		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	s l	eady filed a proof of claim with the
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number () 775 626 1248 Last four digits of account or other number by which creditor identifies	dobtos	coun	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account of other number by which creditor identifies	deptor	Sthere leave	laces or a previous ⁱ y ends	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U	S C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation digits of your SS #	n (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services p	performed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 6/15/04 AND 3/11/04		OURT JUDGMENT, DATE		4/06
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	it dest descr	·	nount of the claim at t	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if	vour claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of y	your claim	a right of setoff)	your ciaim is secui	ed by conditional (including
entitled to priority		Brief description	of collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	☐ Motor Vehicle	Other
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Amount entitled to priority \$		Amount of arrearage	and other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any		
Wages salanes or commissions (up to \$10 000)* earned within 180 days	<u> </u>	Up to \$2 225* of deposits to services for personal family		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to	governmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable pa	• .	• (,,===,
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5 TOTAL AMOUNT OF CLAIM \$ \$	125,N	00.00 \$		\$ 125,000.00
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Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages security DOCUMENTS If the documents are not available, explain. If the	agreement	s, and evidence of perfection	on of lien DO NO	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		· · · · · · · · · · · · · · · · · · ·	•	envelope and copy of this
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BMC Group	BMC Gro	up		D 00 + 0 0 2006
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	CM Claims Docketing Cen t Franklin Avenue	FIL.	D OCT 09 2006
El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the		do, CA 90245 other person authorized to file	2	
this claim (attach copy of power of attor		· \	,	
Nava Z. Jne (7	DAVID	L. JOYCE)		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 USC §	§ 152 AND 357	1072500503

1 1

Case 06-10725-gwz Doc 9074-3 Entered 09/15/11 16:06:14 Page 9 of 11 REC - AT Name of Debtor USA Commercial Mortgage Company 06-10725- LBR NOTE See Reverse for List of Debtors and Case Numbers Nev 3 11 15 11 106 This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has ansing after the commencement of the case. A "request" for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241001195 Check box if you have LEONARD BAKER & BARBARA BAKER never received any notices REVOCABLE TRUST from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT C/O LEONARD BAKER & BARBARA BAKER CO-TRUSTEES ONE OF THE DEBTORS 8520 BAYLAND DR Check box if this address LAS VEGAS NV 89134-8641 If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the Creditor Telephone Number (12) 228 - 3700 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated 3242 if this claim. amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal ☐ Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salanes and compensation (fill out below) Services performed Last four digits of your SS # Money loaned Other (describe bnefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 4/14 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Other Real Estate Motor Vehicle Check this box if you have an unsecured claim, all or part of which is \$ 21,500,000.00 entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed in secured claim if any \$ _3335.06____ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (__ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 140,600,00 \$ 140,000.00 AT TIME CASE FILED (secured) (unsecured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 USA CMC DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

PRO	DOF OF CLAIM				
Name of Dental		DECENTES			
Agillo of Figure 1.	HINDE	RECEIVED			
USA Commercial Mortgage Compony 06-	10725- LBR	ahu, ii			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense rising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	AO' MA er II E voM			
Name of Creditor and Address LEONARD BAKER & BARBARA BAKER REVOCABLE TRUST C/O LEONARD BAKER & BARBARA BAKER CO-TRUSTEES 8520 BAYLAND DR LAS VEGAS NV 89134-8641,	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again			
Creditor Telephone Number (142) 328 - 1700	court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replace or if this claim amen	a previously filed claim dated			
1 B ASIS FOR CLAIM Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal			
Services performed Taxes Last for	, salaries and compensation (ur digits of your SS # compensation for services pe	(not for loan balances)			
		(date) (date)			
	COURT JUDGMENT, DATE C				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	cribe your claim and state the amo	unt of the claim at the time case filed			
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	n jest	our claim is secured by collateral (including			
UNSECURED PRIORITY CLAIM	Real Estate	Motor Vehicle Other			
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Amount entitled to pnonty \$		nd other charges at time case filed included in			
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or			
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family	or household use 11 U S C § 507(a)(7)			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	= ` ` `	overnmental units 11 U S C § 507(a)(8)			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		ragraph of 11 U S C § 507(a) () istment on 4/1/07 and every 3 years thereafter			
	with respect to cases comme	nced on or after the date of adjustment			
5 TOTAL AMOUNT OF CLAIM \$ \$ 140	600,00 \$	\$ 140,000.00			
(unsecured) Check this box if claim includes interest or other charges in addition to the princip	(secured) al amount of the claim Attach ite	(prionty) (Total) emized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, prevai for each person or entity (including individuals, partnerships, corpora governmental units)	ling Pacific time, on Novemi	per 13, 2006 USE ONLY			
BY MAIL TO BY HAN	ID OR OVERNIGHT DELIVERY T	0			
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center					
	ast Franklin Avenue undo, CA 90245				
DATE SIGN and print the name and title, if any, of the credito this claim (attach copy of power of attorney, if any (1/3/06)	r or other person authorized to file	USA CMC			
		10/25011/8			

Case Ub-10725-0W/Doc 9074-	3EIII	erea ug/15/11 16 u	614 Page	<u> </u>
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Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	725-LBR		
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Name of Creditor and Address LEVY, ROBERT 2115 BENSLEY ST HENDERSON NV 89044 Creditor Telephone Number ()	3	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU D OF CLAIM THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court of	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
Last four digits of account or other number by which creditor identifies	debtor	Check here	L	
FD # 3061	······	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS #	-fo	•
	Unpaid (compensation for services pe	normed from	to (date) (date)
2 DATE DEBT WAS INCURRED Secondaried	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	t best descr	ibe your claim and state the amo	unt of the claim at th	ne time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		Other
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Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2 225* of deposits town		
Wages salaries or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	· -	services for personal family of	or household use -1	1 U S C § 507(a)(7)
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5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)	200,	Secured)	(priority)	\$ <u>300,000</u> (Total)
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6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting doce running accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the of 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>uments.</i> so agreement documents	uch as promissory notes, pur ts, and evidence of perfection are voluminous, attach a su	chase orders inventor in the character of the character o	oices, itemized statements of T SEND ORIGINAL
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governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	BMC Gro Attn US/ 1330 Eas	OR OVERNIGHT DELIVERY TO SUP ACM Claims Docketing Cente of Franklin Avenue Ido, CA 90245	en ca	OCT 09 2006
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attor Robert E. Levy	he creditor o	or other person authorized to file		USA CMC